

<i>SERFF Tracking Number:</i>	<i>HRLV-125924544</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>## \$0</i>
<i>Company Tracking Number:</i>	<i>J WHITEMAN 9-15-08</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>CL</i>		
<i>Project Name/Number:</i>	<i>CL Multistate Interline forms revision - deferral/</i>		

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CL

SERFF Tr Num: HRLV-125924544 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: ## \$0

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: J WHITEMAN 9-15-08

State Status: Fees verified and received

Filing Type: Form

Co Status: Deferral/Non-adoption

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Carol Zwoyer

Disposition Date: 12/01/2008

Date Submitted: 12/01/2008

Disposition Status: Filed

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

General Information

Project Name: CL Multistate Interline forms revision - deferral

Project Number:

Reference Organization: ISO

Reference Title: Multistate Interline Forms Revision of Coverage

Filing Status Changed: 12/01/2008

State Status Changed: 12/01/2008

Corresponding Filing Tracking Number:

Filing Description:

deferring ISO revision CL-2007-OPR07

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: CL-2007-OPR07

Advisory Org. Circular: LI-CL-2008-129

Deemer Date:

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

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355 Maple Avenue	(215) 256-5735 [Phone]
Harleysville, PA 19438-2297	(215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

SERFF Tracking Number: HRLV-125924544 State: Arkansas
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Company Tracking Number: J WHITEMAN 9-15-08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: CL
Project Name/Number: CL Multistate Interline forms revision - deferral/

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	12/01/2008	

SERFF Tracking Number:	HRLV-125924544	State:	Arkansas
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TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	CL		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	12/01/2008	12/01/2008

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Disposition

Disposition Date: 12/01/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Filed

Comment: Harleysville Mutual Insurance Company does not wish to implement this change at this time and therefore requests approval to defer ISO filing CL-2007-OPR07.

Rate data does NOT apply to filing.

SERFF Tracking Number:	HRLV-125924544	State:	Arkansas
Filing Company:	Harleysville Mutual Insurance Company	State Tracking Number:	#? \$0
Company Tracking Number:	J WHITEMAN 9-15-08		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	CL		
Project Name/Number:	CL Multistate Interline forms revision - deferral/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Accepted for Informational Purposes	12/01/2008
Comments:				
Attachment:	AR NAIC 2007.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125924544
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysville group.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol Zwoyer

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Lines
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal: 01/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CL-2007-OPR07 Multistate Interline Forms Revision of Coverage Part References
18.	Company's Date of Filing	12/1/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	125924544
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Insurance Services Offices, Inc has announced the implementation of Multistate Interline Forms Revision of Coverage

Harleysville Mutual Insurance Company does not wish to implement this change at this time and therefore requests approval to defer ISO filing CL-2007-OPR07.

Your favorable consideration will be appreciated.

22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p>
<p>Check #: Amount: N/A</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)